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ABSTRACT

A total of 130 mother-infant pairs participated in a study of the relation of maternal psychological and demographic variables to the vulnerable child syndrome, a condition in which parents persist in viewing their children as vulnerable following recovery from a serious medical complication. The following hypotheses were tested: (1) mothers who have newborns with medical complications will experience a decrease in self-esteem after delivery; (2) mothers of newborns with medical complications will be more likely to consider their children difficult to care for, use pediatric care inappropriately and be dissatisfied with their care, and experience parenting problems that result in Department of Human Services (DHS) involvement; and (3) multiparity, married status, and greater self-esteem will be associated with more positive outcomes. Comparison of study groups on selected health outcomes consistently demonstrated more negative outcomes for mother-infant pairs in which the infant had experienced some neonatal complication. The outcomes that were most dependent on the quality of the mother-child relationship appear to have been most affected by the neonatal experience. Mothers of infants with medical complications, and especially those who deliver preterm, may persist in viewing their children as especially difficult to care for, and appear to be at higher risk for parenting problems. Maternal self-concept, parity, and marital status demonstrated limited relationships with the outcomes of interest, but higher self-concept and parity may provide mothers some advantages in relating to their infants. (RH)

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Effects of Maternal Self-Concept, Parity, and Marital Status on Development of the Vulnerable Child Syndrome

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Introduction

Health service providers have been aware for some time of increased risk for developmental problems among children who experience neonatal medical complications, even when these children recover from the original complication. These problems include child abuse and neglect, over-protective parenting, behavioral problems, sleeping and eating disorders, and developmental delay. The reason for this increased risk, however, has not been explained. Green and Solnit (1964) coined the term Vulnerable Child Syndrome (VCS) to describe a disturbance in the parent-child relationship in which the parent persists in viewing the child as vulnerable following recovery from a serious medical complication. Although results have been mixed, several studies support the existence of the VCS (Jeffcoate, Humphrey, & Lloyd, 1979; Levy, 1980; McCormick, Shapiro, & Starfield, 1982; Perrin, West, & Culley, 1989; and Kemper, Forsyth, and McCarthy, 1989). These studies do not explain why some mothers develop this syndrome and others do not. Maternal psychological and demographic variables such as self-concept, parity, and marital status have been suggested as possible determinants of the VCS. For example, mothers with high self-esteem, married mothers, and mothers with other children may be less affected by the birth of a child with medical problems than their counterparts. This study examines the relationship between these variables and development of the VCS. The following hypotheses were tested:

Hypotheses

1 Mothers who have newborns with medical complications will experience a decrease in self-esteem after delivery.

2 Mothers of newborns with medical complications will be more likely to:

   A Consider their children difficult to care for.

   B Use pediatric care inappropriately and be dissatisfied with their care.

   C Experience parenting problems that result in DHS involvement.

3 Multiparity, married status, and greater self-esteem will be associated with more positive outcomes.

Participants

Participants were 130 mother-infant pairs involved in a longitudinal project designed to test the feasibility of the prediction and prevention of child maltreatment. For a two year period between 1984 and 1986, all new prenatal patients at Nashville General Hospital were screened. Those agreeing to participate consented to a review of medical and state records, and were visited at home every three months by project staff. All participants had incomes less than twice the poverty guidelines. From the 547 mothers in the longitudinal project, those whose newborns were low birth weight, preterm, or had other serious medical complications, but had no residual problems, were selected for this study's experimental group (N=65). A control group (N=65) was randomly selected from those mothers whose newborns had no medical complications. For some analyses, a subset of the experimental group consisting of mothers whose newborns were preterm (N=36) was selected for study.

Study Groups

Group 1 = Combined Neonatal Complications (N=65)

Group 2 = No Complications (N=65)

Group 3 = Preterm Subset of Group 1 (N=36)

Methods

Data for this study was collected between the time a mother first entered prenatal care and her child's third birthday. The Tennessee Self-Concept Scale was administered at approximately one month before and after delivery. Change scores for Group 1 mothers were compared to those of Group 2 mothers in order to assess the effect of the birth experience on maternal self-concept.

A subset of Group 1 mothers (N=11) were found to be missing the prenatal assessment of self-concept due to preterm delivery. These mothers had significantly lower scores on the postnatal assessment of self-concept. Due to this finding, and due to the use of gestational age as a selection criterion in other VCS studies, mothers of preterm infants (N=36) were considered separately (Group 3) as well as being included in Group 1.

Maternal perception of infant temperament was assessed at one month and at one year using the Neonatal Perception Inventory and the Toddler Temperament Scale. Appropriate use of pediatric care was measured by counting ER visits and counting the number of inconsistencies between a mother's intent when she brought her child in for care and the pediatrician's diagnosis. Mothers' satisfaction with their pediatric care was measured at 12

months using the Patient Satisfaction Questionnaire. Department of Human Services Records were reviewed to assess the rate of reporting for each group. Study Groups 1 and 3 were compared to Group 2 on these outcomes. Maternal self-concept, parity, and marital status were included in regression equations and correlation tables.

Results

Mothers who had newborns with medical complications did not experience a decrease in self-esteem after delivery. Mothers of preterm infants had significantly lower postnatal self-concepts than mothers of healthy newborns ($p < .05$). Neonatal medical complications, and especially preterm birth, were found to be significantly associated with negative maternal perceptions of toddler temperament ($p < .01$) and reports to DHS ($p < .01$), but not with inappropriate pediatric care usage or satisfaction with care. Positive maternal self-concept and higher parity were associated with more positive ratings of infant temperament ($p < .01$). Higher parity was also associated with more appropriate use of pediatric care ($p < .05$). Marital status was not significantly associated with any of the health outcomes measured.

Conclusions

Comparison of study groups on selected health outcomes consistently demonstrated more negative outcomes for mothers-infant pairs in which the infant had experienced some neonatal complication. The outcomes that were most dependent on the quality of the mother-child relationship appear to have been most affected by the neonatal experience. Mothers of infants with medical complications, and especially those who deliver preterm, may persist in viewing their children as especially difficult to care for, and appear to be at higher risk for parenting problems. Maternal self-concept, parity, and marital status demonstrated limited relationships with the outcomes of interest, but higher self-concept and parity may provide mothers some advantages in relating to their infants. Health care providers should carefully consider the manner in which they discuss transient complications with parents, and they should monitor how well the parent is reconceptualizing the child as normal and healthy when the family presents for pediatric care.